VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

()()492

510 CERTIFICATE OF DEATH

Reg. Dist. No.

								-		
o. COUNTY	Cecil		MARYLAS	O. STATE	Maryl		l lived. If institution b. COUNTY	on: Residence	before or	âmission)
b. CITY OR TOWN	(If autside carporole timi pearest tawn) POLNT		rs. 2mo.100				rate limits, write R	URAL and give	e nearest	fawn)
OR INSTITUTION	TAL (If not in hospital, g Administrat			d. STREET			ne		C	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir JO		Middle V.	ABENDSCHE		4. DAYE OF DEATH	Janu:		Day 9	Year 19 57
s. sex Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED				9. AGE (In years last bythday) 63 yrs.			UNDER 24 HRS. Durs Min.
Oa. USUAL OCCUPATI during most of wo	ION (Give kind of wark of rking life, even if retired NOWN	done 10b. KIN	of Business or II		yland	or foreign co	ountry)	US J		VHAT COUNTRY
I3. FATHER'S NAME	Edward Ab	endsche	ein	14. MOTHER	Raide					
15. WAS DECEASED EV [Yes, no, or unknown] Yes	ER IN U. S. ARMED FOR	ervice)	nknown	Hospital	Record	ls, VA	Add H, Perry		Md.	,
420.1	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO	Bron	chopneumon						ONSET	AL BETWEEN AND DEATH 8 days
Canditians, if a gave rise to cause (a), stating lying cause last.	immediate DUE TO	cula	r septum nary arter			ricie,	Titelve	nort-		known known
PART II. OT Arterios Arterios 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFI	THER SIGNIFICANT CON SCLEROSIS, ge	eneral,	Severe - u	BUT NOT RELATED TO	tive,	losis, right	minimal upper lo	en in Part I	(o) 19. V	VAS AUTOPSY ERFORMED?
	AS UNDERLYING A CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY OCC	URRED. (Enter nature	af injury in P	art Lar Par	II of item 18.)		own.	
20c. TIME OF INJU Haur a. jr. p. m.	10	White at wark	Not while	e. PLACE OF INJURY factory, street, offi			ar tawn)	(Ca	unty)	(Stale)
	that Kattended the			eath occurred a	8:50	PM, from		and on the	date :	
PHYSICIAN'S NAME (Type)	W. OPPLER						ssional			
PENOVAL SPORT	ON. 226. DATE THEREO)F 22	Baltimore	RY OR CREMATORY National			TION (City, town,			(State)
3. FUNERAL DIRECTO	r's signature	Havre	ADDRESS de Grace.	Md.		BY REGIST		STRAR'S SIGN	2.7	ugher

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BUREAU V. S.

2961 St. NV:

MINE AND THE RESERVED

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d. STREET ADDRESS

Abrahams

7-23-1879

8. DATE OF BIRTH

Port Deposit

S. Main St.

4. DATE OF

DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

9. AGE (In years lost birthdoy)
77 yrs.

b. COUNTY CECIL

Month

yes.

Months

MARYLAND

c. LENGTH OF STAY IN Th

Vrs.

Middle

C.

DIVORCED [

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

. IS RESIDENCE ON A FARM?

Day

77

Doys

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

YES NO KI

Year

1957

). PLACE OF DEATH

NAME OF DECEASED

5. SEX

(Type or print)

OR INSTITUTION 17

Female

Cecil

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

Margaret

Main St.

First

6. COLOR OR RACE 7. MARRIED T NEVER MARRIED

WIDOWED [7]

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give negrest town)

the funeral director, should be filed with 24

haves after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

2	House Wile Own Ho	ome	Scotland	US	A
ī	3. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME		
	William Cro	opper	Jane	Emery	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yas, no. or yethorwin] [If yes, give were or detec of service]			Address Ms.Port Depos	it.Md.
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO	y and (c).]	? X: s		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate coess (a), stating the under-lying cause last.				
9	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT	RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1 (o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED. (En	ter nature of injury in Part I c	or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 20d, INJURY OCCL While Not will of work at war	nile foctory,	PF INJURY (Home, form, 20f street, office bldg., etc.)	(City or town) (C	County) (Stote)
	21. I certify that I attended the deceased fram.			1957,that I I fram the causes and an the	
	ACTUAL SIGNATURE SIGNATURE	1 20 OMO.	ADON'T	(\$\$ (Street, city or town, state)	nel 1-15-5
	PHYSICIAN'S G.H.Richards Jr. N	1.D.			
	DIREMOVAL (Specify)	FOR CEMETERY OR CRE		OCATION (Gly, lown, or county) Ort Denosit Mic	(Stote)
	23. FINERAL DIRECTOR'S SIGNATURE ADDRESS ON PE	ESS	240. REC'D BY F	EGISTRAR 246, REGISTRAR'S SIG	E. Dong Less

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STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

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BUREAU V. C

2501 SE NAI



		county Cecil			MARYLAN		Conn	deceased lived	b. COUNT	Fail	dence be	fore odm	ission)
M)		CITY OR TOWN (If outside con and give necreal lown)		RURAL	c. LENGTH OF STAY IN 11		OWN (If outsice	le corporate li	mits, write	RURAL a	nd give n	earest to	wn)
	-	NOPTH E		If not in hose	On Road	Fai	rfield	451	- 1			In IS D	ESIDENCE
00		Route 40				1983		Hi ghw	ау			ON	A FARM?
			Fin la		Magoale h a	Bake	r 4. D/	ATH	Jan.	h	Doy 29		^{(ear} 9 57
	5. 5	EX6. COL	OR OR RACE		NEVER MARRIED			9. AGE	(In years (thday)	IF UNDE Months	R TYEAR	Hours	ER 24 HRS.
	30-	F	W	WIDOWED		2-17-		5	} † уп.				
1		USUAL OCCUPATION (Give uring most of working life, ev	en if retired}		ivate Res.	Fair	field	eign country) Con	n	12. CI	U.S		COUNTRY
1	13.	FATHER'S NAME Joseph	E114	e		14. MOTHER'S N	infoi	matio	n				
* /	15.	WAS DECEASED EVER IN U.			OCIAL SECURITY NO. 17.		THIOT	maulo		Fair	rfie	7.7	Conr
0	Yes	no, or unknown) (If yes, give	wor or dates of s		5-22-8598	Wallace	Raker	198		ngs			COTT
		18. CAUSE OF DEATH [Enter	only one cou	se per line fo							INTE	EVAL BETWI	EEN
		PART I. DEATH WAS C	AUSED BY		E Compour	nd Fract	ure of	righ	t fr	onte	11	ET ANG GE	nin
1		811. Y	DUE TO								1	-	
1.6			DOE 10										
V		Canditians, if ony, which	h) (b)	bone	with loss	of righ	t eye						
V		gave rise to immediate caus (a), stating the underlyin cause last.	(b)_ DUE TO (c)_										
0	ICATION	gave rise to immediate caus (a), stating the <u>underlyin</u> cause last. PART II. OTHER SIGNI	DUE TO (c). FICANT CONE	DITIONS COP	NTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINALD			VEN IN PA		9. WAS PERFO	AUTOPSY PRMED?
0	CERTIFICATION	gave rise to immediate caus (a), stating the underlyin cause last.	DUE TO (c). FICANT CONE	DITIONS CON		NOT RELATED TO T	HE TERMINALD	'art II af ilem	1B.)			PERFO	RMED?
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07	MEDICAL CERTIFICATION	gave rise to immediate caus (a), stating the underlying cause last. PART II. OTHER SIGNI 20a. EXTERNAL CAUSE WAS PRIMARY DESC CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Models of the control of the cause	b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	b. DESCRIBE H it 20d. IN White at work	HOW INJURY OCCURRED. the left ; HJURY OCCURRED 200. Pt Not while 6 k 0 of work 20 Rt	(Enter nature of injusting of injusting of ACE OF INJURY (Hetary, street, office boute 40	HE TERMINALD TY IN PORT I OF F TRACTO LONG, farm, 120f	ort II of item or tra (City or town	iler	it. N	ounty) leci	PERFO YES 1	(State)
0	CAL CE	gave rise to immediate caus (a), stating the underlying cause last. PART II. OTHER SIGNI 200. EXTERNAL CAUSE WAS PRIMARY LAST CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY MORE SIGNIAL CAUSE OF DEATH. 21. I certify that I to	b) but to (e). FICANT CONE AG [20th mith, Day, Year -29-15' ok charge	b. DESCRIBE H it white of the re	HOW INJURY OCCURRED. the left: The volume of the property occurred of work of the property occurred to the property of the p	(Enler nature of injunctions) (Enler nature of injunctions) ACE OF INJURY (Matter), street, office because the street, of	ry in Port I or F tracto ime, farm, 20f lidg., etc.)	ort II of item or tra (City or town North , Inspect	iler iler Fas	(co	ounty) Leci	PERFO YES 1	NO (State)
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07 2	CAL CE	gave rise to immediate caus (a), stating the underlying cause last. PART II. OTHER SIGNI 20c. EXTERNAL CAUSE WAS PRIMARY DEST CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Moderate of the control	b) but to (e). FICANT CONE AG [20th mith, Day, Year -29-15' ok charge	b. DESCRIBE H it 20d. IN While of the recauses	HOW INJURY OCCURRED. the left: The volume of the property occurred of work of the property occurred to the property of the p	(Enter nature of injunctions) (Enter nature of injunctions) ACE OF INJURY (Hetary, street, office boute 40 ove, held an Assistan Assistan	tracto	North Inspect Undeter	iler iler Fas	(c.), Inqui	ounty) Leci	PERFO YES	(State) Md.
07	MEDICAL CE	gave rise to immediate caus (a), stating the underlyin cause last. PART II. OTHER SIGNI 20a. EXTERNAL CAUSE WAS PRIMARY Last CONTRIBUTIN CAUSE OF DEATH. 20c. TIME OF INJURY Hoar 5a. m. 1 21. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATION, 22b. I REMOVAL (Specify)	b (b) (b) DUE TO (c). FICANT CONE AG [] 20th with, Day, Year -29-15' ok charge Natural of Dod Sol	DITIONS COP b. DESCRIBE H it 7 20d. IN 7 While at ward of the recauses 20 29	HOW INJURY OCCURRED. the left: The volume of the property occurred of work of the property occurred to the property of the p	(Enter noture of injunction), street, office boute the over, held an assistant DEPUTY MELATED TO THE ASSISTAN DEPUTY MELATED TO THE OPEN ASSISTANT DEPUTY MELATED TO THE	HE YERMINALD TY IN PORT I OF F TRACTO Ime, farm, 206 Autopsy micide , DICAL EXAMINAT MEDICAL EXAMINAT MEDICAL EXAMINATION	North Inspect Undeter RENER	iler Fas inned ((couse	ounty) Leci	PERFO YES	(State) Md.
07	WEDICAL CE	gave rise to immediate caus (a), stating the underlying cause last. PART II. OTHER SIGNI 20a. EXTERNAL CAUSE WAS PRIMARY Laser CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Moderate Control of the control of th	b) DUE TO (c). FICANT CONE NG [] 20th NG	DITIONS COP b. DESCRIBE H it 7 20d. IN 7 While at ward of the recauses 20 29	HOW INJURY OCCURRED. the left: HOW While of work Representations described ab Accident : St	(Enter noture of injunctions, street, office boute to whom the control of the control office boute to the control office boute to the control office to the control of the	HE YERMINALD TY IN PORT I OF F TRACTO Ime, farm, 206 Autopsy micide , DICAL EXAMINAT MEDICAL EXAMINAT MEDICAL EXAMINATION	North Inspect Undeter MER X OCATION (CO	iler Fas ion [] mined ((couse	ounty) Leci do iry .	PERFOYES DATE S	(State) Md.

BUREAU V. S.

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BECEINEL

Mountain from

lverbrook

ADDRESS

Orem.

240 REC'D BY REGISTRAR

mington

245. REGISTRAR'S SIGNATURE

Del.

VS A15 (4) 15M 9/55 REMOVAL (Specify)

23. EUNERAL-DIRECTOR'S SIGNATURE

Jan.

HOSPITAL

death.

within

executed

certificate

STREET, ATRICKS OF DEATHS

BUREAU V. S.

TECT AT NAC

SECENAED.

514 CERTIFICATE OF DEATH director, filed with Hours ofter death. Roge PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Filed Cecil b. COUNTY MARYLAND Pennsylvania funeral b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 Perry Point shauld 12yrs.4mo.18days Pittsburgh 75x-3 the d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 22 Veterans Administration Hospital 632 Lowell Street Middle 4. DATE Lost DECEASED WILLIAM H. (Type or print) CHILDRESS DEATH January within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Male DIVORCED | -20-1889 WIDOWED [Negro yrs. 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Carpenter Unknown Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jackson Childress Willie Scott 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending Yes Unknown Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] 1 PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral, unresolved IMMEDIATE CAUSE IO 420.0 **DUE TO** permit. Arteriosclerotic heart disease Conditions, if any, which signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS Arteriosclerosis, general, severe 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) a. n. Not while at work of work 21. I certify that I attended the deceased from September 9, 1944, to January 27, 19 56 the possesses of the september 9, 19 ADDRESS (Street, city or town, state) ACTUAL V.A. Hospital, Perry Point, Md. DIREC SIGNATURE should PHYSICIAN'S NAME (Type) OPPLE Director, Professional Services 220. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify 1-28-57 Beverly National Beverly, New Jersey 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Haure de Grace, Md.

Son

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No e. IS RESIDENCE ON A FARM? YES NO TO Year Day 19 57 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY USA interval Between onset and death 3-4 days unknown

PERFORMED?

YES NO

(State)

1-28-57

(State)

(County)

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BUREAU V. S.				
BOKEVO A. C.	muselh enden e			
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BOKEVO A' T	matella enden e			

CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. COUNTY Cecil b. COUNTY Harford MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bainbridge, Ed dav d. NAME OF HOSP, TAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO F 112 S. Union Avenue U. S. Daval Hospital 4. DATE Middle Year DECEASED DEATH (Type or print) CONCES 1957 John Lawrence 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Male DIVORCED | WIDOWED | 1-10-57 Cauc 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bainbridge, Md. U.S. after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Lawrence CONCES Patricia Joanne ZYGMUNT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address Navy Records None No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Suspected Intracranial Hemorrhage **DUE TO** Conditions, if ony, which ? gave rise to immediate DUE TO codie (o), stoling the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YESY NO 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Port II of item 18.] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Dov. Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while ol work of work 21. I certify that I attended the deceased from 1-10-57 19 57, to 1-11-57 19 that I last saw the deceased ADDRESS (Street, city or town, state) ACTUAL FLILR R. DA TALL. LT MC USN. NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Colora, marriand est Nottingham Cemetery 1-12-57 FUNERAL DIRECTORS SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH ay is necessary, pleose exe-director. Page 4 should be Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY Cecil b. COUNTY Md. MARYLAND b. CITY OR TOWN (If outside corporate fimils, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 hours Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 108 Hollingworth Manor Union Hospital YES NO D NAME OF Middle Year DECEASED OF DEATH Louise (Type or print) Jean Creswell 19 57 Jan. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. (a) birthday) Months Min. Hours WIDOWED [DIVORCED [2 yn. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and Iniant Elkton. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sabod e Pages Poge 5 s George E. Creswell Louise Bolton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Elkton. Md. Address should be executed within 21 in pencil in them 18. Give Precedury with form PM3. Pogo burial-transit permit, File. (If yes, give wor or dates of service) George E Creswell 108 Hollingworth 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-First and Second degre burns of IMMEDIATE CAUSE (6) back and right arm . DUE TO Hypostatic Pneumonia. Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Pulled a hot Pot of coffee on herself 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Dov. Year 20c. TIME OF INJURY 20f. (City or fown) (County) (State) ertificate, writing the v I to the Chief Medical L DIRECTOR: Page 3 sl factory, street, office bldg., etc.) Not while ot work of work Elkton Cecill 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry , death resulted from: Notural causes . Accident 3. Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FRAL ASSISTANT MEDICAL EXAMINER 1-25-56 EXAMINER'S R.C. Dodson DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, towa, or county) (Stote) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. R.

7281 OS NAL

BECEINE

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Arlington National

(State)

(Stote)

V.A. Hospital, Perry Point, Md.

24g, REC'D BY REGISTRAR

DATE 1-25-5

Director, Professional Services

22d. LOCATION (City, town, or county)

Arlington, Va.

24b REGISTRAR'S SIGNATURE

certificate be AL DIRECTOR: shauld 0

within 24 hours ofter

ACTUAL SIGNATUR

PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION.

REMOVAL (SOROIY)

23. FUNERAL DIRECTOR'S SIGNATURE

W. OPPLER

22b. DATE THEREOF

1-25-57

PENNINGTON & SON LA Havre de Grace. Md.

Tall VIETS TO

VS A15 (4) 15M 9/55

	MARI	519	CERTIFIC	ATE OF DEATH		IMOKE, I	() (Reg. Dist. I	150	76
1. PLACE OF DEATH a. COUNTY	il		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md.	nere deceased	lived. If institution b. COUNTY	Cecil		ssion)
b. CITY OR TOWN RURAL ond give CONOW!		-	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o		Rural	URAL and give	nearest to	wn)
OR INSTITUTION	PITAL (If not in hospital, owlandvil	_	oddress)	d. STREET ADDRESS ROWLA	ndvill	Le		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Gaylor		Middle	Curry	4. DATE OF DEATH	Mon		Day	Yeor 19 ⁵⁷
s. sex Nale	White	WIDOWI	Tanal .	8. DATE OF BIRTH 3-4-1906		AGE (In years last birthday) yrs.	Months Day		
during most of wi	ION (Give kind of work orking life, even if relired Fitter	3) I	n.Construct	,		inlry)	USA		AT COUNTRY
Will:	iam C. Cui		SOCIAL SECURITY NO. 17	Flla	TAME	Billi	ngsley	7	
NO no. or unknown)		21	3-12-5173		rry,C	onowing		R F	D.
		0) (Cule Chim K	my Throng	Louis			NTERVAL I	D DEATH
cotse (o), statin lying couse los	g the under-	c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(o	PERF	S AUTOPSY ORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH I'Y MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in I	Port I or Port I	If of item 18.)			
ZOc. TIME OF INJI	19	While	Not while to discount to the control of the control	LACE OF INJURY (Home, form octory, street, office bldg., etc	20f. (City o	or town)	(Coun	ly)	(State)
21. 1 certify alive an	that sattended the 2/3/	decease 195	/	1	£M, fram	the causes a set, city or town,	nd an the	date sta	
PHYSICIAN'S NAME (Type)	Dudley	25	Phillips,N			,			
ENSA BL			Honewell		Port	DODOD.	it, Md.	Rur	al
23. PRINEBAL DIRECTO	It signature	110	ADDRESS Perryvill		D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNA	ture Non g	Lonky

BUREAU V. E.

WEGENVEN JAN 7 1557

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

00503

_		. 5	20	CERTIFIC	ATE OF DEAT	H		Reg. Di	st, Na	96			
₹.	PLACE OF DEATH o. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary]		d lived. If institute b. COUNTY		for		ion)		
	RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corpo	orote limits, write R	URAL ond	give nec	srest town)		
_		Point		1 mo. 7 days									
	OR INSTITUTION	AL (If not in hospital, g Adm inistra d			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 12						
-	NAME OF	Fir		Middle	lost	4. DATE	Street	4					
L	DECEASED (Type or print)	ENR	ECO .	I	OI VINCENTIS	OF DEATH	Jan u		2	,	Yeor 19 57		
5.	SEX			ED 20 NEVER MARRIED _	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	Doys	Hours	R 24 HRS. Min.		
_	Male	White	WIDOWE		3-12-1890		OO yes						
L	Mechai	N (Give kind of work of ing life, even if refired nic(Retired) A2	tillery —Aber	deen Italy		country)		ISA	F WHAT	COUNTRY		
13.	FATHER'S NAME	ogolo Divi		0	The first of the tipe of the t			- 4					
10		<u> </u>		Ls - Deceased	Marie Tor	mella							
13. Ye	Yes	1) yes, give wor or dates of a	ervice)		spital Record	ls, VA	H, Perry		, M	d.			
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Too	o for (o), (b), and (c).] ennec¹s cirrho	sis				ONS	RYAL BE	DEATH		
		ĐUE TO											
	Conditions, if or		Art	teriosclerotic	heart diseas	3 e			u	nknot	תוא		
	gove rise to in couse (o), stoting t												
**	lying couse lost.) (c		tic stenosis d							-		
CATIO	PART III. OTH	ER SIGNIFICANT CON	Arte:	ciosclerosis,	not related to the term general	INAL DISEAS	SE CONDITION GIV	'EN IN PAR	(o) T	PEPFO	AUTOPSY RMED? NO 155		
CERTIFI	200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Por	t II of item 18.)						
MEDICAL CERTIFICATION	Hour a. fr.	WA 19	While	JURY OCCURRED 20e. PI Not while for work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City	or town]	(4	County)		(Stote)		
-	21. I cartify the	SECTION AND AND AND AND AND AND AND AND AND AN	decease	d from December	14 10 56 to Ja	nuarv	21 10 57	3536363	DOOC	KOODO	00000		
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000000	achico accessor	COCC and that death	occurred at 10:40	8M from	n the course of	ad as t	he da	iw illic	d show		
		()	- 1	0 5			treet, city or town,		ne du		TE SIGNE		
	ACTUAL SIGNATURE	V. Cer.	1, X		M.D. V.A. Hospi	tal, I	erry Poi	nt, M	ld.	1-2	21-57		
	PHYSICIAN'S NAME (Type)	W. OPPLER	V		Director, P.	rofess	ional Se	rvice	9				
220	BURIAL CREMATION	226. DATE THEREO	F	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCA	TION (City, town, o	or county)		(Stole	2)		
	REMOVAL Specify	1-21-57		Mt. Erin		Hav	re de Gra	ace.]	Md.				

Pennington & Son Havre de Grace Ade W

Havre de Grace, Md.

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55



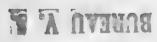
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PEGELVEL V. S.

RUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4)

B. V UABRUE

OBVIBSER NAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00508 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, Reg. Dist. No. 4 shauld PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE Md. **b.** COUNTY Ceci... Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rising Sun Rural c. LENGTH OF STAY IN 16 RISING Sun Rural VIS. D d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) prior d STREET ADDRESS e. IS RES DENCE ON A FARM? YES TO NO T 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) Esther Gerhard Mattie DEATH 19 5. SEX 7. MARRIED . NEVER MARRIED . 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. lost bijthday) 2 with the Months WIDOWED [7] DIVORCED | 3 50 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Smith Co. House work House wife may E 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Pagm 1. Callie Stocks David Powers 400 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) Charley Gerhard. Rising Sun, Md. na 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH Acute Coronary Occlusion PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Nephritis Conditions, if any, which) gave rise to immediate cause **DUE TO** (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO [] 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Hem 18) PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) While Not while a. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry to the Chief . DIRECTOR: 1 deoth resulted from: Notural couses Accident , Suicide , Homicide , Undetermined couse . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXÂMINER **EXAMINER'S** R.C. Dodson NAME (Type) DEPUTY MEDICAL EXAMINER X 220 SURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify 23. FUNERAL DIRECTOR'S AIGNATURE ADDRESS 266. BEBISTRAR'S SIGNATURE VS. A15ME(S) 5M 9/55

DECEIVED NAI

BUREAU V. S.

CERTIFICATE OF DEATH

. Dist. No.

24s. REC'D BY REGISTRAR

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316											Keg. Di	ST, No.	٧,
	1	PLACE OF DEATH	ail		MARYLAI	11	a. STATE	NCE (Whe	re deceased	Lived If institution b. COUNTY			sion)
			cil	1.			J.1				<u> </u>		
		RURAL ond give nec	autside carporate limits rest tawn)		LENGTH OF STAY IN	1Ь				rate limits, write RI	JRAL and	give nearest tow	n)
		Perry	ville		Life		aperry	VII.	Te				
	1	1. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, giv	ve street odd	ress)		d. STREET ADD		es ±				SIDENCE A FARME
,			lm St.				/ E1	m	St.				NO
		NAME OF DECEASED	First	1	Middle		Lost		4. DATE OF	Man	th	Day	Year
		Type or print)	Susie		l'ay	Gil	llespie		DEATH	1		17	19 57
	5. 9	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	₩ B. E	DATE OF BIRTH	***************************************		9. AGE (In years		TYEAR IF UND	
		Female	White	WIDOWED [DIVORCED		Sept.1,	187	4	last birthday) yrs.	Months	Days Hours	Min.
	10a	USUAL OCCUPATION	N (Give kind of work de	one 10b. KIN	D OF BUSINESS OR I	NDUSTR		E (State o	r foreign co	ountry)	12 Ç!	TIZEN OF WHA	T COUNTRY?
1		Clerk	ng life, even if retired)	Ger	meral Sto	re	Mq				U	SA	
	13.	FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME			•	-
1		Pe ⁻	ter	Gille	spie		Amanda	9 .	Har	ris			
1	15.		IN U. S. ARMED FORC		IAL SECURITY NO.		RMANT			Addr			· · · · · · · · · · · · · · · · · · ·
1.5	(Yes	NO or unknown)	f yes, give wor or dates of ser	(vice)		Tr	ane Ser	ntma	n, P	erryvil	le,M	d	
		18 CAUSE OF DEAT	H [Enter only one cau	se per line fo	or Joh. (b), and (c).]	1		el.				INTERVAL B	FTWEEN /
		PART E DEAT	H WAS CAUSED BY:	/	Deed	10	1. DO	100	20 V	40		ONSET AND	DEATH //
		£2.	IMMEDIATE CAUSE (o) DUE TO		E) CIX	4 6.	0					7/14	CHECK
		Conditions if an			Mito	2 /2 /	A Na	On	L 710	10		100	Ma
		Conditions, if an gove rise to im	mediate	,	Lite		0 740	1	AU.	0-5		1000	100
		catse (a), stating the lying cause last.											A
	z		(C).	NTIONS CON	TRIPLITING TO DEATH	BUT NO	T PELATED TO Th	JE TEDANIA	IAI DICEAC	E COMPITION CIV	ENT INT B AD	T 1/-1/10 WAC	AUTOPSV
3	NOL		A STORING COND	100	11 11		1-1-4		A K	E COMBINON GIV	EN IN FAR	PERFO	DRMED?
,	CERTIFICAT	200 ACCIDENT WAS	LINDSHANDE TO	20% DESCRIP	E HOW INJURY OCC	5 DOED 4	VERT	<u> </u>		If of them 10 t		YES	NO
	ERT	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	ZVO DESCRIO	E HOW INJURI OCC	JKKED: [chier negare or in	njory in re	(on	II OI Hem 10-1			
		20c. TIME OF INJURY				. 84 5 05	AT INTERNAL		Tax in				
	MEDICAL	Hour a.m.	MORIN, Day, Tedi	While _	Not white?	foctor	OF INJURY (Har y, street, office bl	me, rarm, ldg., sic.)	20f. (City	ar lawn)	(County)	(Stole)
	*	р. д.	19	at wark	at work			(1	1	,			
		21. I certify the	at I attended the	deceased	fram J-KM	IR.	19.5 /.	10 1/4	W	19.5	that I	last saw the	deceased
		alive on	ru, 6/	7 195	, and that de	eath o	corred at	PE	M, fron	n the causes b	nd on t	he date stat	ed above.
		()	A Chal		11		DI			reet, city at town,			ATE SIENED
1		ACTUAL SIGNATURE	DIFF	M4	on	M.C	Por	130	000	N. 182	0-	- ///	8/57
- 1		BLIVE CLANING			-								7
		PHYSICIAN'S NAME (Type)	C.T. Bens	son,	M.D.								
	220	BURIAL, CREMATION	, 226. DATE THEREOF	2	. NAME OF CEMETER	RY OR C	REMATORY		22d. LOCAT	ION (City, town, a	r county)	(Sto	te)
		REMOVAL (Specify) BUT 18 1	1-20-19	5.7	Hopewe?	11			Port	Deposi	t,M	l.Rura	1
	23.	FUNERAL DIRECTOR'S		0	ADDRESS		24	4s. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SI	GNATURE	,

Perryville, Md.

TITENDING INVIICIAN: The law requires that the duath mertificate be executed within 14 haurs after death ; Page may be retained by the hospital or attending physician.

Ö, VS A15 (4) 15M 9/55

MODIFIED OR

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DECENCED

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		497 CERTIFICATE OF DEATH Reg. Dis	. 00510
	1.	PLACE OF DEATH COUNTY FC L MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of	e before admission)
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FIRT ON TOWN (If outside corporate limits, write RURAL and give nearest town)	Epols VIII
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	e. IS RESIDENCE ON A FARM? YES NO X
		NAME OF First Middle (SPESWCE) 4. DATE Month OF DEATH .) A	Day Year 16 195-7
	5.	THE THE PARTY OF T	YEAR IF UNDER 24 HRS Days Hours Min
1	100	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ESORT MANAGER SUMMER RESURT WILM, DEL.	ZEN OF WHAT COUNTRY
1	13.	PATHER'S NAME ALFRED GREEN 14. MOTHER'S MAIDEN NAME PEARCY	
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IN yor, give wor or dates of services 222-03-808 MRS. ETHEL GREEN, EHR	I EVILLE MI
		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond, (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which) (b) Cerebral Metastases	6 mos
		gave rise to immediate cause (a), stating the under- lying cause tost. DUE TO (c) (arcinoma of Breast	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TOU HIPLE. DONE and 11,5 Ceral me fastases	1(a) 19 WAS AUTOPSY PERFORMED? YES NO 4
	CERTIFI	20a, ACCIDENT WAS UNDERLYING TO COURTED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. P. m. 19 of work of work [] 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	ounty) (Stole)
		21. I certify that I attended the deceased from 7704, 1956, to Jun , 1957, that I to alive on Jun , 1957, and that death occurred at 443 M, from the causes and on the	
1		ACTUAL Wallace Oblevator M.D. Ce Citton and	DATE SIGNED
		PHYSICIAN'S NAME (Type)	
	7	BURIAL CREMATION, 226. DATE THEREOF 220, NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, town, of county) LIRIFL LOCATION (Edy, town, of county)	(Stole) MD
	27	AUNTED THE COOK'S SECRETURE THE PROPERTY OF TH	NATURE
			1 13

BUREAU V. S.

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Transon March

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The sales and

UBAISSEUMED SOLVEN

1			MARYLAND STATE DEPARTMENT OF HEALTH—BA	ALTIMORE, 18	
=£			527 CERTIFICATE OF DEATH	Reg. Dist. No.	
Page director led-wit		1 (PLACE OF DEATH O. COUNTY C. I. C. I. C. I. C. MARYLAND 2. USUAL RESIDENCE (Where dece- d. STATE MARYLAND MARYLAND	b. COUNTY EC/L	
deoth.	1	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside co RURAL and give nearest lown)	corporate limits, write RURAL and give nearest town)	
s after y the fi	•	,	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR (DISTRICTION) d. STREET ADDRESS OR (DISTRICTION) OF TO 18.3	30 × 4 0. 15 RESIDEN ON A FAR	NCE RM?
ed in k		1	3. NAME OF DECEASED (Type or print) Service of the content of the	ATE Manth Day Year	57
within		5. 5	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24	HRS.
omple opers.			FEMALE WHITE WIDOWED DIVORCED DEC. 20 1895 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign during most of working life, even if retired)	6/ Yrs.	
ond o		13.	HOUSEWIFE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	P 4.5.A.	
ysicion ysicion ove co	1	16	ROBERT BREEDING NO REC. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117 INFORMANT	Address POV Sh	
ing ph ing ph is rema 72 ho	5		(Ten. no. or unknown) (If yes, give wor or dates of service) 221-05-6889WALTER J. HAMI	M RFP#3 ELKTON, 1	M
attend an plea of within			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of DEATH (Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWE ONSET AND DEA	ATH
that the by the it. The iy even			Condition is any which is considered to the many land	1204	,
signed it permit			gove rise to immediate couse (a), stating the under tying couse lost.	l 3ean	_
hysicia been been litrans	, .	CATION		PERFORME	D?
AN: The nding pl cate ha he burio ar rema		CERTIFIC	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NC	
INYSICI I or other is certifi use as I motion,		MEDICAL		(City or town) (County) (5	State)
haspita After it sed far i'al, cre			21. I certify that I attended the deceased from "100 1 190 1, to James	5 , 19.57, that I last saw the dec	ceased
by the CTOR: CTOR: detocl				from the causes and on the date stated a \$\$ (Street, city or town, state) DATE \$	
ained library prior	-		SIGNATURE M.D. 220 E. Inacia	al Calor May	7/5
SPITA be rel WERAI 3 sho		220	NAME (Type) V. (IF KBERT DATES	OCATION (City, town, or county) (Stote)	
D F F		23.	OREMOVAL (Specify) 1/1-1/7 1.15-1.00 H & C.O.	IEWARK VEL	
VS A15 (4) ISM 9/55			R.T. Jones newark, DOD. DATE for	-11 1 FA-Frage	1

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EUKEAU V. L.

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VS A15 (4) 15M 9/55

	MARY	LAND	STATE DEPA	ARTM	ENT OF HE	ALTH	-BAL	TIMORE, 1	8		
	į,	528	CERT	IFIC/	ATE OF D	EATH	ł		Reg. Dist	. No.() ()	513
1. PLACE OF DEATH o. COUNTY	Cecil		MAR	YLAND	O STATE	nce (wh Mary		d Irved. If institution b. COUNTY	on: Residence	e before adm	ission)
RURAL and give	(If outside corporate liminearest town) ry Point	ts, write	c. LENGTH OF STAY		li .			rate limits, write R	URAL and gr	ve nearest to	wn)
d. NAME OF HOSE OR INSTITUTION	TAL (If not in hospital, o	_	Oddress)		d. STREET AD	DRESS		Avenue			ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	for W_E	LIAM	Middle C .		HARRING	TON	4. DATE OF DEATH	Mon Janu		Day 25	Year 19 57
s. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRI		8. DATE OF BIRTH 3-3-95			9. AGE (In years last birthday) 61 yrs		YEAR IF UN Doys Hour	DER 24 HRS.
10o. USUAL OCCUPAT during most of wo Unknot	TON (Give kind of work orking life, even if retired	done 10b.	Unknown	OR INDU		yland	1			ZEN OF WHA	AT COUNTRY
	Frank Har	CE57 16.). 17. II			ritche	ette Add	ress		
Conditions, if	Conditions, if any, which gave rise to immediate (a), stoling the under- fying couse fost. PART I. DEATH WAS CAUSED BY: Broncho Pneumonia, Bilateral, Unresolved 4 - 5 day Unknown (agitans)										
None 200. ACCIDENT W OR CONTRIBUTION	THER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY O						EN IN PART	PERF	AUTOPSY ORMED?
20c. TIME OF INJU	10	or 20d. II While at wor	NJURY OCCURRED Not while	20e. PL/ foc	ACE OF INJURY (He ctory, street, office b	me, farm, ldg., etc.)	20f. (City	or town]	{Ca	ounty)	(State)
ACTUAL SIGNATURE	PHYSICIAN'S TO CEDEU A CED ACTION OF A CED TO CED T										
removal (Specification			22c. NAME OF CEM	ETERY O	R CREMATORY			TON (City, town, or Bury, Ma			pte)
HILL & TO)5 Ea	ADDRESS st Main St	.,Sa			BY REGIST	- 1	TRAR'S SIGN	NATURE . A.	nghas

2 .V UALAUUS

THE CEIL ET

ADDRESS

24o REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

within

23. FUNERAL DIRECTOR'S SIGNATURE

Mus Kale & Willow



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	15
· Ł		530 CERTIFICATE OF DEATH	U
filed with	1.	PLACE OF DEATH a. COUNTY C. F. C. MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission b. COUNTY C. F. C.))
be d		b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CHESP PERKS CITY CHESP PERKS CITY	
4 Should		d. NAME OF HOSPITAL (If not in hospital, give street address) OR, INSTITUTION OR, INSTITUTION OR A FAM VES N N N N N N N N N N N N N	NCE IRM?
= 6 2 2	3.	NAME OF DECEASED Lost 4. DATE Month Day Year OF DEATH JAN. 8 19.	
r. Project		SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (In years of birthday) Months Days Hours FEMALE WIDOWED DIVORCED DIVORCED 7. MARRIED DOYS Hours	
oon pape oon pape ir death.	100	USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO AUTOMOBILE WIFE OWN HOME MD	JUNTR
Control of the Control	13.	JOHN E. FERGUSON MARGARET E. JONES	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT If yes, give wor or doles of services NONE HARRY BUIDD CECITOR M	Ω
attending n please of t within 72		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrul Thrombosis 3 mos	EEN ATH
nit. The		332x DUE TO Conditions, if any, which) (b) Cerebral Arteriosclerosis Vewer	3 7.
usit per		gave rise to immediate couse (a), stating the under-lying cause last. DUE TO (c)	
nas bee naval, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (0) 19 WAS AUT PERFORMING TO THE TERMINAL DISEASE TO THE TERMINAL DISEAS	ED?
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r use as	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. s While Not while of work all work all work all work all work.	(State
: Atter ched fo urial, cr		21. I certify that I attended the deceased from Aug, 1956, to slow 8, 1957, that I last saw the decative on slow 8, 1957, and that death occurred at 145 M, from the causes and on the date stated of	
tector be deta ar to b		ACTUAL SIGNATURE Wallace Oliverhoin M.D. Cecilton Ind Color Side Signature	
should be stror prior		PHYSICIAN'S NAME (Type)	54
he regis	720	BURIAL CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State)	15
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1.				MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (11)516
	1X			498 CERTIFICATE OF DEATH Reg. Dist. No. 92
Page 4			1. P	PLACE OF DEATH CECIL MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE Md. b. COUNTY CECIL
death?			ь	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) LIFE C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIFE
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d in				NAME OF DECEASED 15ABELLE Middle Lost 4. DATE Month Day Year OF DEATH JANUARY 15 19 57
d within			5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HRS. 101 birthday) Months Days Mours Min Months Months Days Mours Min Months Mo
execute nd comp	death.	X		USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) HOUSE WORK AT HOME MARY LAND 12. CITIZEN OF WHAT COUNTRY U, S. A.
cate be	ra offer			JOHN H. JAMAR MO. MARGARET HOLLINGSWURTH
n certification of cert	72 hau		15. 1 (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [16] year give wor or dates of service) Address [17] MARY H. JAMAR ELKTON, Md
he deatl	t within			18 CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Hemonilege Treasure
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PHYSIA Iol or of this cert	remation		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work of work of work.
NDING the hospills: After	urial, c			21. I certify that I attended the deceased from 1930, to 100 15, 1957 that I last saw the decease alive on 1944. A. M. from the causes and an the date stated above
A ATTE	ig. To the	,		ACTUAL SIGNATURE Herbertheles M.D. Earlier miles
retoine	strar pr			PHYSICIAN'S J. HERBERT BATES
O HOS	th reg			BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) BURIAL (Specify) JAN. 18 1957 PRESBYTERIAN ELATIN Md.
VS A15 (- 15M 9/5	4)		23.	W. Henry Pysic E-LKTTN, Md. DATE /19/57 246. REGISTRAR 246. REGISTRAR'S SIGNATURE

BUREAU V. &

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Page	director,			LACE OF DEATH	0		14.4	RYLAND	2. USUAL RESIDENCE (W	here decease	d lived. If institute	on. Residence b	efore odmi	ssion)
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death.	funeral		ľ	RURAL and give		irs, write	c. LENGTH OF STA		c. CITY OR TOWN (IF		prote limits, write R	URAL and give	nearest tow	n)
offer	short short		-	OR INSTITUTION	ITAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE
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within			5. 9	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARE	RIED 🔲 E	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 YE		
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certificate	phy principal pour			WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	0 17. IN	FORMANT	R	F. DAdde	# 1		
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death	lead ithir			18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]	/	4		111	TERVAL B	ETWEEN
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EX	0 g a				21/20	1 -				ADDRESS (\$	treet, city or town,	ulate)		ATE SIGNED
e p	P. P	4		ACTUAL SIGNATURE	xxxive	620-	land .	М	ID ZUNCO	w 7	4	John	129	1.5
TAL C	shauld strar p			PHYSICIAN'S NAME (Type)	J. HERB	ERT	BATES					0		
93	2 P 20 P	-	22a.	BURIAL, CREMATIC	ON, DATE THERE		22c. NAME OF CEN	AETERY OR	CREMATERY	22d. LOCA	IOM (City, town, a	r county)	(Stot	-
H C	e de			REMOVAL (Specify Burial	Jan. 2	7. 1			Cemetery		ton	P H -2	13.01	_
7	5 0 2		23.]	UNERAL DIRECTO		0 12	ADDRESS	1 11		D BY REGIST		TRAR'S SIGNAT	URE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. S.

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SUREAU Y. E.

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FUNERAL HOME Haddon Heights N. J

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No b. COUNTY Labe May e. IS RESIDENCE ON A FARM? YES TO NO X Month Year 10 57 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12 CITIZEN OF WHAT COUNTRY IBA Address INTERVAL BETWEEN ONSET AND DEATH days Unknown PERFORMED? YES A NO (County) (State) 19.57. TOUROUS COOK TO DESCRIBE DATE SIGNED

1-26-57

(Stote)

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUFEAU V. S.

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00522
/ .	CERTIFICATE OF DEATH Reg. Di	C/2-
	PLACE OF DEATH a. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution. Residen o. STATE M. COUNTY C. C.	ce before admission)
73	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearlies town) **CELENGTH OF STAY IN 1b** **C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearlies town) **C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearlies town) **C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearlies town)	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Linian Hospital d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	OF DECEASED (Type or print) Daly Boy Little DEATH January	28 19 5 7
	male White WIDOWED DIVORCED Sen 28 - Hot Host birthday) Margins	1 YEAR IF UNDER 24 HRS Days Hours Min.
/	during most of working life, even if retired) Marulland	L. S. Q
	Herbert F. Little - m. Patrica Bower.	Va.
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17., INFORMANT Test, no. or unknown] If yes, give wor or dates of service) None Deceased EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17., INFORMANT Address Clb1	in RE I md
	18. CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) They are the strugulity	ONSET AND DEATH
	Conditions, if any, which) (b) Unblend Cord.	minute
1)	gove rise to immediate costs (a), stating the under- lying cause last.	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (o) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER]	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. While Not while of work of twork of two the control of two	County) (Stole)
		last saw the deceased
	alive an # un 28, 1957, and that death accurred at 1- 30 f. M, from the causes and an the ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE SIGNATURE ST. Man ST.	DATE SIGNED
/	PHYSICIAN'S J. RALPH ANDEWS IN M.D. Elker Mar	eyland
<u> </u>	200 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Lown, or county REMOVAL (Specify) 22d. LOCATION (City, Lown, or county REMOVAL (Specify) 22d. LOCATION (City, Lown, or county)	(State)
	3. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'DAY REGISTRAR 240. REGISTRAR'S SIGNATURE DATE 129/15 783	ENATURE COST
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BUREAU V. S.

North East, Md.

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Joseph Brant

DIRECTOR

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hours after death. Page

BUREAU V. 2

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CERTIFICATE OF DEATH 535 eral director, be filed with with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY death? CHX OR TOWN (If partide corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) the fund should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRES OR INSTITUTION 24 CARH NAME OF First Middle 4. DATE last DECEASED 24 (Type or print) DEATH within S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 9. AGE (in years 8. DATE OF BIRTH DIVORCED [WIDOWED A 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR JEDUSTRY 11. BIRTHPLACE (State or foreign country) during nost of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 7 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO þ permit. Conditions, if any, which signed gave rise to immediate DUE TO cosse (a), stating the underlying couse last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFIC 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not while While p. m. at work 🗍 at work 21. I certify that I attended the deceased from detached alive on and that death occurred at DIRECTOR: ACTUAL ā D ALI HOSPITAL strar PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY-OR CREMATORY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (State) (County) that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d LOCATION (City, town, prequely) (State) 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE rene - E. hau DATE

Reg. Dist. No

a IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

ON A FARM?

YES NO Z

Year

19

Min

b. COUNTY

last birthday)

Month

YES

Address

Months

9

BUREAU V. S.

BECEDAED

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
3		: 536 CERTIFICATE OF DEATH Reg. DA U 526 90	>
	1.	PLACE OF DEATH a. COUNTY CECIL MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) b. COUNTY CECIL MARYLAND	
	L	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) ECITOR TOWN (If autside carporate limits, write RURAL and give nearest town)	
00		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION e. 15 RESIDENC ON A FARM YES \(\text{NO} \) NO	
	3	NAME OF DECEASED (Type or print) STANIEV S, MC CUBBIN DATE OF DEATH DAY YEAR 19 5	5-7
	L	SEX M. 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthday) Months Days Hours MI	
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1	13.	FIETCHER MC CUBBIN MARY HUNT	
- /		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT II. AO, OF UNINDOWN] III YOU, GIVE WOT OF DOTES OF 16 SOCIAL SECURITY NO. 17. INFORMANT 2/3-34-2/32MRS. EMMA M. CUBBIN CECITAN	NI
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombes.3 INTERVAL BETWEEN ONSET AND DEAT	H
		Conditions, if any, which } the Cerebral Artemosclems, & Years	
		gave rise to immediate cause (a), stating the under-lying cause lost. DUE TO (c)	
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		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. {City or town}) (County) (St. P. M. 19 at work at wor	Die)
		21. I certify that I attended the deceased from Loss, 1956, to 1957, that I last saw the decease alive on 1957, and that death occurred at 8 3/2 M, from the causes and an the date stated ab	
B N		ACTUAL Walloce Thenshown MD. Ce Cilfon, Md 14 Jan	
		PHYSICIAN'S WALLACE OBENSHAIN CECILTON, MD.	<u>-</u> /.
	22c	DURIAL CREMATION, 226. DATE THEREOF 220, NAME OF CEMETERY OR CREMATORY 224, LOCATION (City, town, or county) (Stole)	== کر
À	23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE ADDRESS ADD	1
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I director	-		1. PLACE OF DEATH o. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue of STATE COUNTY	dence before admission) ecil
ero be			b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL o	nd give nearest town)
e fun		ŀ	Elkton 2 Days d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
by th	1 .		nion Hosnital	d. STREET ADDRESS	ON A FARM? YES NO
n 24 ho			13. NAME OF DECEASED (Type or print) Emma Wilson	McNamee death Jan.	28 157
within P. P.			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last highdays I as a	DER I YEAR IF UNDER 24 HRS.
ed y		-	Female White WIDOWED DIVORCED	Sept. 9, 1876 80 ym.	
execul nd con on pop death.		1	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU during most of working life, even if retired) LIOUSEWITE OWN home	Rising Jun, Ld.	U.S.
o no orbo			13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
cote			Charles Wilson	Elizabeth Fisher	
Phy ema			(Yes, no. or unknown) s lift was give were or deless of service)	NFORMANT Address	
th co	1	-		lliamcNamee Rising Ju	n,d.
deo frenk plec	_		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	7	ONSET AND DEATH
the o			(2) (2) (2)	al Accident	
\$ 7 & P			Conditions, if ony, which) Arteriosc.	lerosis	
Pare o			gove rise to Immediate	101010	
an. sign		ZOLEA	couse (a), stating the under- lying couse last. Column Column		
physicic os been ial-tran			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN E	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
Finding finds the burners or rem				D. (Enter noture of injury in Port I or Port II of item 18.)	
PHYSIC ol or off his certi- use os			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. p. While Not while of work of work of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	(County) (State)
Spiter ter ter t			21. I certify that I attended the deceased from 1-26-57		I last saw the deceased
NDI NDI e ho che				accurred at 1-30MP from the causes and ar	the date stated above
R ATTE of by th RECTOR be deto			ACTUAL SIGNATURE OF COMPANY	ADDRESS (Street, city or fown, stole) Rising Sun, Md.	1-29-57
retaine RAL Dill Shauld	. /		PHYSICIAN'S R.C. Dodson	Rising Sun, Cecil Co,	Md.
Se de la Constantina del Constantina de la Const	•		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY - 22d. LOCATION (City, town, or count	y) (Stole)
O E O G	1	. -	Burial Feb. 1, 1957 Brookwiew	Rising Jun	î.d.
VS A15 (4)	×		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rusing & U.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
13M 7/33		F		11. 14-1. Jane 1 - 10 /	- July 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Havre de Grace, Md.

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VS A15 (4) 15M 9/55

BUREAU V. S

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			MARYI	LAND STATE	TE DEPARTA CERTIFIC				IMORE, 1	8	005	530
	1. [PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)									
	1	C	ecil (If outside corporate limit negrest town)		GTH OF STAY IN 16	c. CITY OR		ville	te fimils, write R			it town)
00	-	d. NAME OF HOSE OR INSTITUTION	PITAL (IF not in hospital, g		*	d. STREET		. v				IS RESIDENCE ON A FARM? YES NO NO
		NAME OF DECEASED Type or print)	Fir Der		Middle	Moore	st	4. DATE OF DEATH	Mor J 7.		Day.	Yeor
	5. 9	Male	6. COLOR OR RACE White	7. MARRIED M	DIVORCED	Feb. 1	,188	6	AGE (In years law byrthday)	IF UNDER		UNDER 24 HR5 dours Min.
e.	100	USUAL OCCUPAT during most of we Cashi	TION (Give kind of work orking life, even if retired Θ T	done 106. KIND O Bank		USTRY 11. BIRTHP	ilade	iphia	ntry) , Fa.	12. CI	U.S	WHAT COUNTRY
	13.	FATHER'S NAME JO	hn W.Moore	9		14. MOTHER'		Arson	S			
	15. [Yes	WAS DECEASED EN	VER IN U.S. ARMED FOR	ervice)	SECURITY NO 17.	INFORMANT Mrs	.Dean	Moor	e Row		yill	e,a.
		PART I. DI	EATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (0	, Coul). (b). and (c).]	nanj	The		مند		INTERV	AL BETWEEN
<i></i>		Conditions, if	ony, which) (5))		1						
	NO	lying couse las	IS THE DUONS)	UTING TO DEATH BL	IT NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS AUTOPSY
	CERTIFICATION	20g. ACCIDENT V	VAS UNDERLYING []	20b. DESCRIBE HO	OW INJURY OCCURR	ED. (Enler nature o	of injury in f	Port I or Part 1	t of item 18.)			PERFORMED?
	MEDICAL CE	(IF EITHER, NOTIF 20c. TIME OF INJU- Hour e. m	URY Month, Day, Ye	While No	OCCURRED 20e. F	PLACE OF INJURY octory, street, office	(Home, farm te bldg., etc.	20f. (City o	r town)	(1	County)	(State)
	۷		that I attended the		(7.		S, 10	Hen!	4 , 195	that I	last saw	the deceased
1		ACTUAL SIGNATURE	Ju dley	Phil	Lyn	M.D.			et, city or lawn,		ne dule	DATE SIGNED
		PHYSICIAN'S NAME (Type)			-							/ / /
		BURIAL, CREMAT	m Jan. 19	,1957		or crematory ttingha	_	Hear	COTOT]-	(State)
,	23.	Earl	System,	Pipes	ing Sus	· Mel	260 REC'S	BY REGISTRA	25. BEGI	STRAR'S SI	nsh	wist
0				4								11



ENEEVO N. S.

					TATE DEPAR					18	1)	0204
			4//	DICA	L EXAMIN	ER'S	CERTIFICA	ATE OF	DEATH	Reg, Dis		0531
	!	PLACE OF DEATH	00	<u>U</u>			2. USUAL RESIDENCE					adminute 1
3	'-	a. COUNTY			MARY	LAND	a. STATE	111 DETE GOCOG	b. COUN	ry	Ce perore	comission
/			If outside corporate limits, write	e RURAL	c. LENGTH OF STAY		c. CITY OR TOWN	III autsida cos	annata limite surite	Cecil	nive eeer	et (num)
		and give necreet to-	vn								-	
	-	EILT I. NAME OF HOSP	TAL OR INSTITUTION	If not in hos	pital, give street address	13	A COWANT		ilkton.	Md.		15 RESIDENCE
			on Hosnit	_			1					on a farm?
	3.	NAME OF DECEASED	Fi		Middle		Lost	4. DATE	Mont	h	Doy	Year
		(Type or print)	Dale		Λ	Pa	arch	DEATH	7		27	19 57
	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		UNDER 24 HRS
	L	M	W	WIDOWE	DIVORCED [ר ב	Sent. 27	1950	6 уга.	Months D	crys Ho	ours Min.
14	10c	. USUAL OCCUPAT	ION (Give kind of work inc life, even if retired)	dona 10b. K	IND OF BUSINESS OR I	NDUST		-	country)	12. CITIZ	EN OF W	HAT COUNTRY
	14-		ing life, even if retired)		School Box	T	Penn	la.		U.	S.A.	
	13.	FATHER'S NAME		*	J0220 0 E D0		14. MOTHER'S MAIDEN	NAME				
	1_			arch		,	Helen	Skomp	ski			
	15. [Yes	me, or unknown)	VER IN U. S. ARMED FC (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO.	17. IN	PORMANT	da-	Address			
-		no				<u></u>	Arvis S.	Poarc	h, Elkt	ion, I	L.D.	
			ATH [Enter only one could be was called by.				7 0 1				ONSET AN	BETWEEN ID DEATH
		CI 10	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Peri	forating t	vou	nd of che	st lei	t side	at		
~		7/7.0	DUE TO									
		Conditions, if	diote couse	10 1	nterspace	380.	ing throu	gh dia	phragm	left		
		(o), stating the	enderlying DUE TO	can	iney, color ne out 3	ı ai	na nead o: nes above	i panc	reas ar	ıd		
	z		HER SIGNIFICANT CON							VEN IN PART	1/01/10 0	VAS ALITOPSY
garde.	ATION							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		761 (11 4 1 2 1 11	YES.	ERFORMED?
	CERTIFIC	20a. EXTERNAL CA	USE WAS 20	b DESCRIBE	HOW INJURY OCCUR	RED (Er	nter nature of injury in P	ort t or Part II	of item 18)		124	
	CEX	20a. EXTERNAL CAPRIMARY LAGO CO	NTRIBUTING		shot by 22	_						
27	3	20c. TIME OF INJU				e. PLAC	aliber Rice Of INJURY (Home, Fo	rm, i 20f. (City	or town)	(Coun	ty)	(State)
2	MEDICA	3 30 m	7 . 77 12	While of wo	rk ot work		ry, street, office bldg., e	1	1	0	-	Ma
			hot I took chorge			Hot	re, held an Autor	osy .	Irton	Inquiry	N a	
			from: Noturol									
			11/108) 0	10101			_				
~		SIGNATURE	WIND	00	VXCV		M.D. CHIEF MEDICAL	EXAMINER 🗌			DA	NTE SIGNED
6/		EXAMINER'S					ASSISTANT MED	ICAL EXAMINE	R 🔲			
		NAME (Type)	R.C. Dod	son			DEPUTY MEDICA	L EXAMINER	* 2	2-1-57		
	220	BURIAL, CREMATI REMOVAL (Specify	ON, 22b. DATE THEREC)F	22c. NAME OF CEMETE	RY OR (CONTRACT OF THE PARTY OF	TION (City, town,	A 98	0.4	(Stote)
	-	Buria	2-3-59	7	Gilpin M	ano				cil		d.
	23.	FUNERAL DIFFECTO	R'S SIGNATURE	BB	ADDRESS		24a. RE	C'D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	IATURE	
	4				Filkton.	Md	DATE	76/3		1115-	eciz	u-

BUREAU V. E.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution) Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Cecil Cecil b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negres) found Colors Calara e. IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO NAME OF Fint Middle 4. DATE Month Day Year DECEASED OF DEATH 19 57 (Type or print) Wilson Vernon Preston Ŧ 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8. DATE OF BIRTH 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS. he lost birthday) Days Months Hours Min. WIDOWED [7] DIVORCED | 6-11-1903 yrs. ö 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | TT. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Plumbing U-S-A-Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages Jacob Preston Ella Gamble 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address If yes, give year or dates of service! 1115--05--2617 Mrs. ArthurNevitt. Haddonfiled Nela PM3 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Acute Coronary Thrombosis alang with far burial-transit 1 **DUE TO** with: Acute Alcoholism Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. pending in iner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS PERFORMED? YES 🔲 NO I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while o. m. of work at work stificate, writing the ta the Chief Medic L DIRECTOR: Page 3 P. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 🐷 , and find that death resulted from: Natural causes -Accident , Suicide 1. Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ERAL ASSISTANT MEDICAL EXAMINER EXAMINERY DEPUTY MEDICAL EXAMINER NAME (Type) R. C. Dodgon 226. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Jed O. Oxford Oxford 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGIS VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			MARY	LAND S	TATE DEPA	RTM	NT OF HEALTH	-BAL	TIMORE, 1	8	43.4	×00
19			<u> </u>	41	CERTI	FICA	TE OF DEATH			Reg. Dist.	6,6	1533
		PLACE OF DEATH	Cecil		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE D.C.	re decease	d lived. If institution b COUNTY	n Residence	before odr	nission)
		RURAL and give n	(If outside corporate liminearest town) y Point		Syrs.6mo.	1	c. CITY OR TOWN (IF or Wash	ingto		IRAL and give	e neorest to	own)
50		d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital,				d. STREET ADDRESS	Q. St:	reets, N.	W.		RESIDENCE N A FARM?
		NAME OF DECEASED (Type or print)		irst ZAR	Middle F.		PULATIN	4. DATE OF DEATH	Mont Janu	h	Ogy 11	Year 19 57
	5. 5	Male	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE	_	6-27-9L		9 AGE (In years last birthday) 62 yrs.	Months Do	TEAR IF U	NDER 24 HRS
,	10a	. USUAL OCCUPATE during most of wor	ION (Give kind of work rking life, even if retire	d) (R INDUST	RY 11 BIRTHPLACE (Stote of	r foreign c		12 CITIZE		IAT COUNTRY
	13.	Unknown Unknown Tennessee FATHER'S NAME Unknown Unknown Unknown										
,	15. (Yes	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO		FORMANT Spital Record	s. VA	Addre H. Perfy		Md.	
		18. CAUSE OF DE	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bro			bilateral,				INTERVAL ONSET AL	BETWEEN ND DEATH) days
		Conditions, if a gove rise to couse (a), stating lying couse last.	immediate DUE To	or Cor	onary hea	rt di	sease				unk	mown
, , yi ,	CATION	PART II OT	THER SIGNIFICANT COI				or RELATED TO THE TERMIN		E CONDITION GIVE - unknow.		PER	S AUTOPSY FORMED?
	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) UNDERLYING CAUSE OF DEATH UNDERLYING CAUSE OF DEATH											
	MEDICAL	Hour s. n. p. m.	RY Month, Day, Ye	While _	URY OCCURRED Not while at work	20e. PLA foct	DE OF INJURY IHome, form, pry, street, office bldg., etc.)	20f. (City	or town)	{Cou	inly)	(State)
			hattended the				occurred at 11:15	PM, from		nd on the	date st	ated abov
1		ACTUAL SIGNATURE	W. Copy	les			o. V.A. Hosp		Perry Po		d.	DATE SIGNE
		PHYSICIAN'S NAME (Type)	W. OPPLER	/		\	Director,	~~~~~			es	
	L	BURIAL, CREMATIC	1-14-57				lational	Ba.	non (City, town, of ltimore,	Md.	•	tote)
	23.	Penning	rs signature gton-& Son,	Havre	de Grace	. Md	240. RECYC	BY REGIST		TRAR'S SIGN	ATURE AT MICE	Therty





after death. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 opy of 506 CERTIFICATE OF DEATH ter death. third cop Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED a after Ceci1 STATE Mary Land Cecil COUNTY hours COUNTY MARYLAND 72 hour director, LENGTH OF STAY CITY (Il outside corporete limits, write RURAL end give neerest town) C.TY (If outside corporete limits, write RURAL end give negrest town) (in this place) TOWN FIOWN Filtton Elkton ADDRESS 428 North Street (If rurel give location) HOSPITAL OR INSTITUTION OR Devine Nursing Home within funeral STREET ADDRESS 3. NAME OF (Ferst) (Middle) (Lest) 4. DATE (Month) (Day) (Year) DECEASED istrar (Type or Print) @C COLOR OR SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS regi WIDOWED, -DIVORCED Months Days Hours 261 rs (Specify) Ξ. 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with done during most of working life, even if OR INDUSTRY COUNTRY? retired) House ork Marviand U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completel Margaret Ferguson William Reed physician. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS death certificate (If Yes, give wer or detes of service) Mi:s Ada Reed, 428 North St., Elkton, Md. (Yes, no. or unk.) INTERVAL BETWEEN or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician ₩e IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) FUNERAL DIRECTOR: The law requires that the detached for u DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE by the hospital DUE TO STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH the p. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? A P YES NO C 21e ACCIDENT WAS UNDERLYING IT 21b PLACE (Home, farm, fectory, 21c, WHERE DID INJURY OCCUR? (City or Jown) (State) (County) OR CONTRIBUTING CAUSE OF DEATH executed OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) certificate assembly 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while el work at work 1957 to 1/4 1 /O 1957), that I last saw the deceased 22. I hereby certify that I attended the deceased from ACC 20 M, from the causes and on the date stated above. has, and that death occurred at ADDRESS (Street, city, town, steta) 10 M DATE SIGNED Cottom certificate death BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY A15C REMOVAL (SPECIFY) Bayview. Cecil Co. 1-13-57 Cemetery 9 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25_ FUNERAL DIRECTOR'S SIGNATURE ADDRESS t,MI.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. **b.** COUNTY Kent IS RESIDENCE ON A FARM? YES 😰 NO 🗀 Month January 10 19 57 AGE [In years IF UNDER I YEAR IF UNDER 24 HRS 10st birthday) Months 12 CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES INO I (County) (State) ____ 1952 that I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 245-REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	508 CERTIFICATE OF DEATH Reg. Dist. No.
ノ゛	PLACE OF DEATH o. COUNTY Claid MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Carif
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Living C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS ON A FARM? YES \(\sum NO \(\sum NO \) ON A FARM?
3.	NAME OF DECEASED (Type or print) Name OF DeceaseD (Type or print) Name OF Death ANLARY 18 1957
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years left UNDER 14 ART. Days Hours Min. North Days Hours Min. Days Hours M
10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 11. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME Rolert Alley Berlone Servered
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT In no, or unknown) (If yes, give wor or dors of service) (If yes, give wor or dors of service) (If yes, give wor or dors of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) PROTECTION INTERVAL SETWEEN ONSET AND DEATH ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cosse (o), stating the under-
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED While Not while at work
	21. I certify that I attended the deceased from 1/1/2, to 1/2, to 1/2, that I last saw the deceased alive on 1/2, and that death occurred at 10.03 M, from the causes and an the date stated above.
	ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE M.D. 2 75 8. 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	PHYSICIAN'S James L. Johnson My 275 E. H. E. St Flasser
7	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) JAN. 19.1957 Cherry Hill Meth Cem Cee'l County MARY BARY BARY
	EUNERAL DIRECTOR'S SIGNATURE ADDRESS. LOCKTEN ST. 240. REC'D BY REGISTRAR'S SIGNATURE LOCKTEN ST. DATE 1917 THE FUNCTION OF THE PROPERTY O
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BUREAU V. &

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INSTRUCTIONS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 543

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Reg. Dist. No. ..

1. PLACE OF DEATH	2. USUAL RESID	ence (home) of deceas	ED
Ceci1	Mar	yland county Cec	i1
		COOMIA	
OR and give necrest town) fin th	ili pface) OR	rporate limits, write RURAL and give n	zaresi rown)
TOWN Charlestown 5 we	eks Notown Not	th East	
HOSPITAL OR	STREET	(If sure) give location	1
INSTITUTION OR	/ ADDRESS		
STREET ADDRESS			
3. NAME OF (First) (Middle)	(Lost)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Stanley 51	S mith	of DEATH Jan	13 1957
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH		ER 1 YEAR JIF UNDER 24 HE
Months TRACE (Specify) VI (0) . I	Oct.21 , 1078	78 yrs. Months	Days Hours Min
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSII	NESS 11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	· · · · · · · · · · · · · · · · · · ·	,	COUNTRY?
retired) former	n.r Mr.1 ri		L5.1
3. FATHER'S NAME	14. MOTHER'S MAID	N NAME	
7 34 may 544 mil 41s	Fr ia To	uise Rucsell	
J. Starratt mith			
	SECURITY NO. 17, INFORMANT		
(Yes, no, or unk.) (Il Yes, give wer or detes of service)	1-20-8675 Nrs. Har	old Shell, North "	t, M.
18. 1	AFDICAL CERTIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	27 -		ONSET AND DEATH
+ F	ART ARREST		6 14,1
THUMEDIATE CAUSE (A)	77.		
ANTECEDENT CAUSE(S) DUE TO	ALIZED ARTERIC	SCCE RIJIS	11
DISEASES OR CONDITIONS, IF ANY, (B)	72.2		7 . 66
GIVING RISE TO THE ABOVE CAUSE DUE TO	11 / =	ESP COKONITI	2 ×
IS OLD	H6-E		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	IEV DUNALE LA	Daniel DVELAN	C1040.711
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	VEY DAMAGE, LHI	10/01 C 1 7 C CON	- / TX///3
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERAT	ION		20. AUTOPSY?
			YES NO K
Pie. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jerm, Jec	tory. 21c. WHERE DID INJURY OC	CUR? (City or town)	unty) (Stete)
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg.,		1,	4
(IF EITHER, NOTIFY MEDICAL EXAMINER)		C100 2	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY Of	CCURRED 211. HOW DID INJURY OC	CUR?	
(IF SITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OF		CUR 7	
IF EITHER, NOTIFY MEDICAL EXAMINER) 1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY Or While et work M. et work	Not white at work		1 last saw the decays
IF EITHER, NOTIFY MEDICAL EXAMINER) Id. TIME OF RIJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OF While et work 22. I hereby certify that I attended the deceased from	Not white et work 19.50., to	AN 13 , 195' /, that	
IF EITHER, NOTIFY MEDICAL EXAMINER) Id. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY Of While work M. et work 22e. I hereby certify that I attended the deceased from	Not white et work 19.50., to	AN 13 , 195' /, that	
IF EITHER, NOTIFY MEDICAL EXAMINER) Id. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY Or While et work M. et work	Not white et work 19.50., to	AN 13 , 195' /, that	
IF EITHER, NOTIFY MEDICAL EXAMINER) Id. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY Of While work M. et work 22e. I hereby certify that I attended the deceased from	Not white twork 19.56, to	causes and on the date sta	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OF While et work 22. I hereby certify that I attended the deceased from alive on. Att. 1.3, 19, and that dea SIGNATURE Office Virguel Offic	Not white twork 19.56, to	AN 13 , 195' /, that	DATE SIGNE
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OF While et work	th occurred at. 2.55 M, from the M.D. OF CEMETERY OR CREMATORY	causes and on the date sta DRESS (Street, city, town, stele) LOCATION (City, lown, or coun	DATE SIGNE (Siete)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OF While et work 22. I hereby certify that I attended the deceased from alive on. Att. 1.3, 19, and that dea SIGNATURE Office Virguel Offic	th occurred at 2.55 M, from the M.D. DF CEMETERY OR CREMATORY	causes and on the date sta DRESS (Street, city, town, stete) LOCATION (City, town, or coun Calvert	ted above. DATE SIGNE
IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF RIJURY (Month) (Dey) (Yeer) (Hour) While et work 22. I hereby certify that I attended the deceased from alive on Management 19	th occurred at. 2.55 M, from the M.D. OF CEMETERY OR CREMATORY	causes and on the date sta causes and on the date sta DRESS (Street, city, town, stete) LOCATION (City, town, or coun Calvert	DATE SIGNE . / _ / Signe (Stete)

TUREAU V. R.

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10 P YS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00539

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CERTIFICATE OF DEATH

Reg. Dist. No. 92

1, PLACE OF DEATH a. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary 1	b. COUNT	tion: Residence before admission) Y Cec 11				
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16			RURAL and give nearest town)				
RURAL and give nearest town)	4 days	North East						
d. NAME OF HOSPITAL (If not in hospital, giv		d. STREET ADDRESS		e IS RESIDENCE				
OR INSTITUTION Union	Hospital "	/		ON A FARM? YES NO				
3. NAME OF First	Middle	Lost	4. DATE Mc	onth Day Yeor				
(Type or print) Maggi			OF DEATH	nuary 23 1957				
5. SEX 6. COLOR OR RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in year					
	WIDOWED DIVORCED	May 1 1876	lost birthdoy)					
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Housewife	-6	110000 1 000	2	U-S-A				
13. FATHER'S NAME	tree,	14. MOTHER'S MAIDEN	NAME					
Isaiah Riddle		Total 1	Pierce					
IS. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16, SOCIAL SECURITY NO. 17.	INFORMANT,	/ -/- Ad	dress				
(Yes, no, or unknown) { (If yes, give way or dates of sen	nce)	Hazelch J-a	cencers					
TIO .		Harolda T.S.	wart North Fas					
18. CAUSE OF DEATH [Enter only one cour	se per line for (o), (b), and (c).	1	7 D .	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Kt. Cevabral Thr	combosis with 12	of Trempley, a	4 days				
442X DUE TO			1					
Conditions, if ony, which)	Hypertensing Can	die vascular	Renel Disease	- 10 VII				
paye rise to immediate	-/							
casse (v), stoting the under-	•							
lying couse lost. (c)_								
PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?				
S 26/1 Di46.				YES NO NO				
PART II. OTHER SIGNIFICANT COND	206. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II of item 18.)					
\$ 20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e P	LACE OF INJURY (Home, for	n. (20f. (City or town)	(County) (State)				
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	While Not while fo	octory, street, office bldg., et	e.)	(2001)				
	of work of work		22					
21. I certify that I attended the								
alive an अर्थ निम	_, 19-1_7, and that deat	h accurred at/E:2Y	A.M., from the causes	and on the date stated above.				
1/1	11'11		ADDRESS (Street, city or town	, stole) DATE SIGNED				
SIGNATURE Blaces	H. Huelur	M.D. Nort	1. Es. & Res	25 Jan 157				
PHYSICIAN'S Klaus	H. Huchner A.	<i>.</i> () .						
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town,	or county) (Stote)				
Burial Jan 26	57 Methodist		North East	t. Cecil. Laryland				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D-BY REGISTRAR 24b. REG	STRAT'S SIGNATURE				
Joseph R Frank	North Bast, Mar	1 .	25/13	HI Frague				
	THE PARTY NAMED IN THE	y account DATE	/-/					

'S'A A . Talla

US VIEW IN

00540 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY Cacil c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Rising Sun . IS RESIDENCE ON A FARM? YES NO L Cherry 4. DATE Month Day Year DEATH 19 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS lost birthday Months Hours 71 yr. 12. CITIZEN OF WHAT COUNTRY? Cecil Co. Williamina Ward Read Williamina Ward Rising Sun. INTERVAL BETWEEN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? NO F

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

20f. (City or town)

Inspection 2 Inquiry [X], and find that Undetermined cause

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

(Stote)

DATE SIGNED

(Stote)

(County)

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Colora.

REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SM 9/55

VS. A15ME(5)

REMOVAL (Specify)

23. FUNERAL DISECTOR'S SIGNATURE

Rurial

BUREAU V. S.

TRUE PT NAL

BECEIN

director Will

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